

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name:

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PACKAGING SYSTEM AND ROLLER RECEIVING  
DEVICE FOR A PACKAGING SYSTEM FOR FLUIDS**

the specification of which  
(check one)

☐ is attached hereto.

☒ was filed on 25 February 2005 as  
Application Serial No. PCT/EP2005/002002  
and was amended on \_\_\_\_\_  
(if applicable)

That I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

That I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

That I hereby claim foreign priority benefits under Title 35, United States Code, §119 and §172 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:

**Prior Foreign Application(s)****Priority Claimed**

<u>20 2004 002 906.5</u> (Number)	<u>Germany</u> (Country)	<u>25/02/2004</u> (Day/Month/Year)	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> <input type="checkbox"/> Yes No
_____ (Number)	_____ Country)	_____ (Day/Month/Year)	<input type="checkbox"/> <input type="checkbox"/> Yes No

That I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

**United States Application(s)**

_____ (Appl. Ser.No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
_____ (Appl. Ser.No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)

That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, and request that all correspondence and telephone calls in respect to this application be directed to GREER, BURNS & CRAIN, LTD., Suite 2500, 300 South Wacker Drive, Chicago, Illinois 60606, Telephone No. (312) 360-0080:

Practitioners associated with the Customer Number: 24978

I hereby grant the attorneys associated with Customer Number 24978 the right to insert the Application Serial Number in the appropriate place on this document, once such number has been assigned from the United States Patent & Trademark Office.

Full name of sole or one  
joint inventor:

Ingolf STEINHAGEN

Inventor's signature:



Date:

24. 11. 2006

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Full name of sole or one  
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Bernd HACKMANN

Inventor's signature:



Date:

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